

NOV 17 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37638

1. PLACE OF DEATH

County Gentry
Township Jackson
City King City Mo. (No. _____)

Registration District No. 212
Primary Registration District No. 4188

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Susanna Bennett.

(a) Residence, No. King City Mo. St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 76 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Charles Bennett.
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11. 1857.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 80 8. 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Oct. 6. 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Canada
(STATE OR COUNTRY)

13. NAME Edward Nugent.

14. BIRTHPLACE (CITY OR TOWN) Canada.
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Canada.
(STATE OR COUNTRY)

17. INFORMANT Andrew Bennett.
(ADDRESS) King City Mo. R.F. #1.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Star Chapel DATE Oct. 11. 1937

19. UNDERTAKER R. G. Taggart.
(ADDRESS) King City Mo.

20. FILED Oct. 10. 1937 Ronald J. Gault
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9. 1937 19

22. I HEREBY CERTIFY, That I attended deceased from See, 1934, to Oct 9, 1937

I last saw her alive on Oct 8, 1937. Death is said

to have occurred on the date stated above, at 6: A. M.

The principal cause of death and related causes of importance were as follows:

Acute indigestion with
heart depression. Date of onset Oct 7

Other contributory causes of importance:

high blood pressure and
mitral insufficiency
from before 1934

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Mark H. Rhoads, M. D.(Address) King City Mo.

